

The  
Final Report from the HHS  
**Diversity Steering  
Committee**



June 7, 2000

*“Healthy and productive individuals, families, and communities are the very foundation of our nation’s security and prosperity. This foundation is made of diverse and distinct stones. Stones, while strong, are even stronger when fashioned into a foundation. Threads are stronger when woven into a fabric, more beautiful in a tapestry. We will become the Department Woven Strong Through Our Diversity.”*

– John Miers, Member, Diversity Steering Committee

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On December 7, 1999, Kevin Thurm, Deputy Secretary of the Department of Health and Human Services (HHS) and Chair of the HHS Union-Management Partnership Council (UMPC), announced to all employees that the first Department-wide conference on diversity would be held March 1 and 2, 2000. In the same communication the Deputy Secretary announced the formation of the HHS Diversity Steering Committee (DSC), which was charged with planning the conference, formulating the recommendations that emerged from it, and delivering this report.

In planning for the Diversity Conference, the DSC defined diversity as “the composition and richness that result from a variety of genders, races, cultures, disabilities, ages, languages, sexual orientations, ethnic groups, and religious backgrounds.” The DSC itself represents an example of diversity since it is a diagonal slice of HHS’s workforce, fairly representing all Operating Divisions (OPDIVs) across race, gender, age, grade level, physical ability, and sexual orientation.

More than 150 employees, also representing a diagonal slice of HHS, attended the Secretary’s first Diversity Conference. The purpose of the conference was to increase employee productivity and mission achievement by aggressively embracing the diversity of the HHS workforce. Under the theme, “HHS: A Department Woven Strong Through Our Diversity,” participants utilized the Appreciative Inquiry (AI) process, also known as the “people’s process,” to engage in a search for new ways of thinking, seeing, and acting to bring about meaningful change within HHS around the subject of diversity.

The conference was purposefully constructed to allow attendees to experience the AI process as a positive approach to change through the 4-D Design Model comprising Discover, Dream, Design, and Deliver phases. Participants were able to reflect on and appreciate “the best of what is,” envision “what could be,” and dialogue around “what should be” when HHS is at its best and when diversity is a source of performance excellence. In addressing the group, the Secretary and Deputy Secretary challenged the attendees to use the conference to the fullest as a vehicle to describe a vision of a preferred future for HHS that would bring about changes in its practices and shape new policies that will ensure diversity, equity, and inclusion throughout all its OPDIVs and at all organizational levels.

Several sources of data around “what is,” “what could be,” as well as “what should be” emerged before, during, and after the Diversity Conference. They include:

- ?? Stories collected from the field (from employees representing all levels and sectors of our workforce) and at the conference. In AI, stories are a vital source of information and powerful resources for measuring the pulse of the organization. They carry themes that help the organization construct its preferred future.
- ?? Information from small-group interactions at the conference.
- ?? Post-conference feedback in the form of evaluation instruments and informal communications.

The three preceding sources represent the Discover Phase of the AI model. Participants were able to experience the Dream Phase through the following two data sources:

?? Transcripts of final group presentations to the UMPC members on the last day of the conference; and

?? The “Wall of Wishes,” a large newsprint panel placed at the entrance to the Hubert H. Humphrey Building.

Recommendations are written as provocative statements formulated to describe the preferred future of HHS. These recommendations represent the beginning of the Design Phase of AI.

Based on the wishes employees have for HHS, the positive experiences that people related through their stories, and the post-conference feedback, the DSC has concluded that HHS can begin to co-construct a preferred future of diversity, equity, and inclusion in HHS through provocative statements in five key areas. These statements, which emerged as conference participants described factors that enabled them to become more productive HHS employees, are symbolic and reality-based. They describe a preferred future that reminds employees of desirable events that have already happened based on individual experiences. The preferred future for HHS has five building blocks, which are described below.

### ENHANCED COMMUNICATION

When a workforce is at its best, inclusion and diversity are sources of performance excellence. Communication is a significant factor in creating a work environment that enhances the quality of work life for all employees. HHS encourages comprehensive and innovative communication throughout all levels, especially in remote sites, and continually creates new and better ways to provide full access to all employees and stakeholders. All employees, including those with special communication needs, have the information they need to perform their work assignments. Managers and employees make maximum use of technology that enhances communication and work effectiveness. Information and feedback from all employees is valued and sought. To ensure full participation, adequate time for this communication is built into management decision timeframes. *Employees express their ideas because they know they are heard.* Their information and feedback contributes to creative solutions that influence the success of HHS in fulfilling its mission.

### COMMITMENT AND ACCOUNTABILITY

The HHS community (managers, supervisors, and employees) is committed to diversity. This commitment is highly visible and is reflected through policies, rules, and regulations as well as daily exchanges among peers, coworkers, supervisors, and stakeholders. It is demonstrated through participation in diversity and special observance programs, interaction with diversity councils, and the provision of appropriate resources. The HHS community, led by the Secretary, shares full responsibility for the success of the Diversity Initiative.

### **DIVERSITY ADVOCACY**

HHS has a Department-wide Diversity Steering Committee composed of representatives from throughout HHS. The HHS DSC's mission is accomplished because the principles of diversity are continually woven into all management policies and practices throughout all HHS OPDIVs. The DSC supports HHS by providing OPDIVs with cutting-edge information and creative ideas that enhance the delivery of diversity programs and policies. Members of the DSC serve as champions throughout HHS, promoting best practices and programs that demonstrate diversity at its best.

### **ACCESSIBILITY/COMFORT/SAFETY**

HHS OPDIVs ensure that every employee has full access to the workplace and provide a physically safe, secure, and comfortable environment within every work unit. HHS OPDIVs seek out new approaches to incorporate the input of all employees. All employees openly express ideas that are welcome. They feel respected and appreciated for their contributions. As a result, employees perform at their best and a strong, more diverse workforce is built.

### **CAREER DEVELOPMENT/ENHANCEMENT**

HHS employees are empowered and encouraged to create and implement pathways to career development. These pathways are developed and evaluated in partnership with managers, and they enhance job performance, create and strengthen career opportunities, maximize employee potential, and open career opportunities across all OPDIVs.

The preferred future described above unleashes the power of a diverse workforce. It increases organizational effectiveness and individual productivity, improves the quality of work life for all employees, and heightens employee satisfaction and morale. This preferred future generates positive energy among the workforce and leads each employee to see that he or she has an important role to play and a valuable contribution to make toward ensuring that the HHS mission is successfully accomplished.

As these possibilities for our preferred future roll out to reality in the form of both immediate and longer term action items, the HHS diversity website at <http://www.hhs.gov/ohr/diversity> will serve as a vehicle to catalog and track implementation as part of the final AI phase—the Deliver Phase.

The next step is to begin to effectively manage and bring about change within HHS around diversity. This will involve a comprehensive process that will encourage the optimal utilization of each employee's abilities in co-creating a preferred future that leverages diversity as an organizational resource in attaining performance excellence and enhancing mission achievement.

## EXECUTIVE SUMMARY (CONTINUED)

To make the HHS preferred future a reality, action is required at the Department and OPDIV levels. Recommended actions that can be taken immediately by the Secretary and/or Deputy Secretary include:

- ?? Issue a post-conference statement on diversity that acknowledges and promotes the value of diversity as a positive approach to increasing productivity and improving the delivery of services and programs to the American people;
- ?? Ask the HHS Union-Management Partnership Council to provide active leadership for diversity as a part of the HHS Quality of Work Life Initiative and to encourage the use of Appreciative Inquiry as an effective approach for achieving the preferred future; and
- ?? Ask the HHS Diversity Steering Committee to continue its work for a 6-month period to provide assistance to the HHS UMPC, OPDIV Partnership Councils, and OPDIV Quality of Work Life Initiatives as they develop innovative strategies and plans to implement the recommendations in this report.

As we enter the 21st century, HHS has taken the first steps toward exploring the limitless possibilities around making diversity a source of performance excellence. To accelerate progress on the Secretary's Quality of Work Life Initiative, the Union-Management Partnership Council (UMPC), which is made up of senior managers and union officials working as a team to promote quality customer service and a better workplace at HHS, appointed a Diversity Steering Committee (DSC). (See Appendix A for a list of DSC members.) Cathy Royal, Ph.D., was selected by the UMPC as the consultant for the HHS-wide Diversity Initiative. Dr. Royal was assigned to assist the DSC in planning the conference and constructing the action plan for the preferred future of HHS. (See Appendix B, Consultant Biography.)

This DSC, comprising representatives from each HHS OPDIV, was charged with:

- ?? Planning and conducting a conference that would generate a vision for diversity as a source of performance excellence for HHS;
- ?? Presenting a vision of the preferred future for HHS; and
- ?? Suggesting an action plan for HHS and its individual OPDIVs for implementing steps toward achieving the preferred future.

DSC members were trained in Appreciative Inquiry (AI), a new and innovative approach to organizational development, to support the UMPC in its efforts to weave the principles of diversity into all management policies and practices throughout each OPDIV. AI is a process that requires participants to look for what works in an organization. It promotes a dynamic dialogue and creative exchange among people about their experiences. In this case, AI was used to explore experiences and stories around diversity and multicultural relationships. Through "storytelling," participants shared positive personal and professional experiences about inclusion, solidarity, and diversity in their organization. AI was the methodology chosen for the conference because it helps employees at all levels of HHS to envision a preferred future that includes policies, practices, and behaviors that promote equity and diversity.

Prior to beginning their work to plan the conference, DSC members attended a week-long training session in AI. In preparation for, during, and after the conference, trained "story collectors" gathered positive stories from HHS employees who volunteered to talk about times in their professional lives when diversity was a source of performance excellence. A website to share information about the initiative was developed.

The Appreciative Inquiry on Diversity 2000 Conference was held on March 1 and 2, 2000, at the Hubert H. Humphrey Building in Washington, D.C. More than 150 participants attended, representing a broad cross-section of HHS by OPDIV, geographic location, gender, age, sexual orientation, race/ethnic group, and physical challenge. (See Appendix C for a list of registrants.)

## BACKGROUND AND INTRODUCTION (CONTINUED)

During the 2-day conference, the room overflowed with positive energy as attendees focused on finding ways to make the atmosphere at HHS one in which diversity is embraced and in which they can become catalysts for growth and change. The conference documented best practices already in place—what works within HHS when diversity and the staff are at their best. In fact, AI focuses on how employees can take responsibility—and credit—for examining where we are today and for formulating a preferred future for HHS based on what works and where we want to be.

Conference highlights included:

- ?? Welcome from Secretary Donna Shalala and Deputy Secretary Kevin Thurm and a keynote address by the Surgeon General, David Satcher;
- ?? An enthusiastic group of participants who presented findings and recommendations after small-group discussions;
- ?? The “Wall of Wishes,” a large newsprint wall on which employees wrote their wishes for creating the preferred HHS future;
- ?? A dynamic dialogue and presentation of provocative statements to the Deputy Secretary and the UMPC members;
- ?? Exhibits demonstrating diversity at its best from 20 internal and external organizations; and
- ?? The concluding celebration of diversity, during which multicultural artists performed and ethnic food was sampled.

This report summarizes the HHS preferred future based on the use of AI. It also suggests immediate and long-term actions for moving successfully into that future.

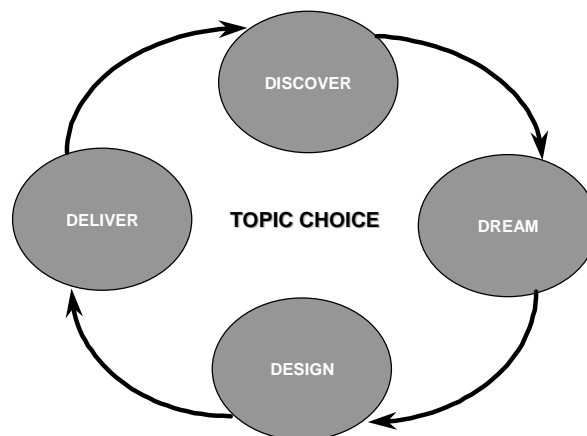
Appreciative Inquiry (AI) is a process of exploring an organization that leads to discovering, understanding, and enhancing innovation in the field or area that is under study. Using AI, people recall their experiences when they performed at their best and define the elements, both internal and external, that made this level of performance and success possible. What begins as a simple storytelling process rolls out across the organization, leading to a rejuvenation of the workforce and, potentially, a transformation of the organization itself. As organizational members identify ways to maximize quality performance and build on the organization's strengths, an action plan can be constructed that, when implemented, can significantly increase employee satisfaction and productivity.

The AI process is participatory and involves a diagonal slice of representatives from all levels of the organization. It provides a working model for the development of initiatives and plans that create a vision and actions for a preferred future that includes diversity.

A key concept of AI is that organizations and individuals *want* to be successful in their work environments. AI for diversity holds, as a key factor, the belief that people are valuable and that they have stories to share about positive relationships across race, gender, and other areas of difference.

The AI process works on a 4-D Design Model. The four parts of the process, described below, are the Discover Phase, Dream Phase, Design Phase, and Deliver Phase.

4-D DESIGN MODEL FOR APPRECIATIVE INQUIRY



### DISCOVER PHASE

The data from the stories shared at the conference and prior to the conference are the sources that represent this first D phase and serve as the basis of statements describing the HHS preferred future. The analysis of data from AI is best accomplished when the process is shared by all participants. At the conference, participants pulled the key themes from the stories and formed a consensus around the vital themes of diversity when it was “at its best” within the organization.

### **DREAM PHASE**

The provocative possibility statements for a preferred future are the first steps in the second D phase. This phase continues by providing opportunities for staff within the organization to give feedback through various communication channels. When a system is large and the process is carried out over several months, it is helpful to use all available technology to capture stories, themes, policies, or programs that participants identify as significant to their experiences of success. For example, the HHS diversity website is an effective avenue for encouraging feedback from all over the organization. MaxThink is another valuable tool for assisting in this phase. MaxThink is a computer program that assists with the organizing of data from AI. (See Appendix D for a description of this tool.)

Once the data are analyzed, provocative possibilities are constructed to begin the creation of the preferred future. At every step, the participants who contributed to the Dream Phase of AI are informed about the evolution of the possibility statements. Their input is incorporated into each step of the analysis of the stories and the construction of the preferred future.

The Dream Phase also requires validation of the recommendations by the organization's stakeholders, its senior and executive leadership, and other key people within the organization. Once this is completed, the third D phase (Design) begins.

### **DESIGN PHASE**

The Design Phase is the text for dreams and possibilities. It is critical for the success of the process that all four phases are completed. The completion of the four phases requires the commitment of the DSC, the UMPC, and key stakeholders. This is the phase in which HHS and each OPDIV work at the individual level with the support of the DSC and the AI diversity content expert to develop language, policies, and programs that merge AI and diversity for a successful organizational change.

### **DELIVER PHASE**

The Deliver Phase is the fourth and final phase of the design model. This report and the subsequent actions by the OPDIVS will define the Deliver Phase to all HHS staff.

The analysis of the conference data was a multipart process conducted by the DSC and the conference participants, who individually and in groups provided us with hundreds of observations about their vision of a preferred future for HHS. From these data, expressed in many different forms by a large group of HHS staff, the DSC constructed a vision of a preferred operating environment within HHS.

After the conference, a delegation from the DSC assembled in Morgantown, West Virginia, as the guests of the Center for Disease Control and Prevention, to evaluate the data provided by the conference participants and to construct the foundation of the future vision set forth in this report. The Morgantown AI Dream and Design process involved more than merely tabulating the number of times employees mentioned the need for better communication in HHS. This process required careful analysis of the data to enable DSC delegates to understand the information in the context in which it was offered and how the data were interrelated with statements made before, during, and especially at the end of the conference, when participants' reports were presented to Deputy Secretary Thurman and other members of the UMPC.

The data offered by the conference participants and analyzed by the DSC came from the following five sources:

### **PRE-CONFERENCE STORIES**

Prior to the Diversity Conference, the Deputy Secretary asked all HHS employees and contractors throughout the nation to participate in HHS's Diversity Initiative by volunteering positive personal stories about their careers in HHS and how diversity positively affected them and their on-the-job performance—in short, how diversity at its best contributed to success in the HHS workplace. Those who shared stories were invited to talk about a time when they were most alive, vital, connected, and fulfilled and to reflect on how diversity contributed to this success.

Realizing that the stories would likely be highly personal, all potential volunteers were guaranteed confidentiality. However, in many cases volunteers gladly agreed to share their stories with the entire HHS community. These stories served as the basis for the conference beginning on March 1.

In order to collect these stories, a cadre of volunteers first had to be trained in the AI story collecting technique. Dr. Cathy Royal, consultant for the HHS Diversity Initiative and AI expert, conducted several 2-day training sessions for approximately 100 volunteers from around the country and from every HHS OPDIV. Once trained, the story collectors began contacting each HHS employee who had a story to tell about diversity and excellent performance in HHS. They used a training guide to assist them in asking probing questions to get as much information as possible from the storyteller during the 90 minutes allotted for each interview. After the story was told, the story collector verified with the storyteller the themes found in the story and the stated wishes.

## CONSTRUCTING THE PREFERRED FUTURE (CONTINUED)

As more stories were volunteered, it seemed apparent that the conference would be a success. Story collectors reported that they were sometimes overwhelmed by the intensity of the stories on diversity, positive performance, and dedication to the HHS mission.

### SMALL-TEAM REPORTS

During the conference, story collectors were paired with storytellers to conduct the “appreciative inquiry” into diversity—the story sharing process. A volunteer anchor, or facilitator, was assigned to lead each small group (about 10 to a room) as they shared stories about diversity at its best in the workplace.

On the first day, participants engaged in discovering the best practices of an inclusive, diverse workforce by listening to each other and recording recurring themes. They dialogued and dreamed about the desirable factors that are and should be present in the workplace and offered “wishes” for the future of HHS.

On the second day, participants reflected on their themes and wishes and wrote “provocative possibility statements” of a preferred future for HHS. These statements were written on newsprint paper by room number and reported out to all conference participants. After the report out to the entire conference body, the newsprint sheets (data sheets) were posted outside the main conference hall.

### WALL OF WISHES

Conference attendees also had an opportunity to write their wishes for a diverse and highly successful HHS on a large newsprint panel located at the side entrance to the Hubert H. Humphrey Building. In addition, all HHS employees, as well as visitors, entering and leaving the building were encouraged to do the same. This mural was called the Wall of Wishes. All data recorded on this wall, together with data sheets of “themes, wishes, and provocative possibility statements” collected during the conference, were taken down and entered into the MaxThink database. Overall, there were hundreds of individual wishes for a better HHS. Just like the stories volunteered by HHS staff throughout the nation, these wishes were moving and positive.

### CONFERENCE EVALUATION

Another source of data for the vision of the HHS preferred future was conference feedback. Participants were given a two-page evaluation form and were requested to provide written comments on their most valuable experience with AI during the conference. They were then asked to give suggestions for future diversity efforts. Attendees were also asked if they would recommend using AI throughout HHS.

### POST-CONFERENCE FEEDBACK

In addition to the evaluation, attendees were surveyed after the conference to get their final impressions and observations about the diversity issue and the use of the conference as a means of collecting data and making recommendations to HHS leadership. Also, at the conclusion of the conference, some participants asked to submit their own stories. The data collected from these two sources were also included in the database.

All the data sources described above were organized and analyzed by the DSC as part of the formulation of the HHS preferred future.

The HHS preferred future is described by a series of statements in five critical areas. These descriptions emerged from the dynamic dialogue and provocative statements developed by conference participants as they described factors that enabled them to become more productive HHS employees. The provocative statements are symbolic and reality-based. They describe a preferred future of desirable events that have already happened based on individual experiences shared by hundreds of HHS employees. Preferred future statements are based on a rich history that inspires individuals to do more of what works. These statements force each person to ask how he or she can participate in creating opportunities to do more of the best. When reading the following statements describing the preferred future for HHS, note that they are written in the present tense, as though the goals have already been achieved.

### **ENHANCED COMMUNICATION**

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### **DIVERSITY ADVOCACY**

HHS has a Department-wide Diversity Steering Committee composed of representatives from throughout HHS. The HHS DSC's mission is accomplished because the principles of diversity are continually woven into all management policies and practices throughout all HHS OPDIVs. The DSC supports HHS by providing OPDIVs with cutting-edge information and creative ideas that enhance the delivery of diversity programs and policies. Members of the DSC serve as champions throughout HHS, promoting best practices and programs that demonstrate diversity at its best.

### ACCESSIBILITY/COMFORT/SAFETY

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### CAREER DEVELOPMENT/ENHANCEMENT

HHS employees are empowered and encouraged to create and implement pathways to career development. These pathways are developed and evaluated in partnership with managers, and they enhance job performance, create and strengthen career opportunities, maximize employee potential, and open career opportunities across all OPDIVs.

These five preferred future statements were constructed to guide HHS and each OPDIV in developing and sustaining an environment that values the differences employees bring to the workplace. They are to be enhanced and tailored to the cultural environment of each HHS OPDIV. These statements are given as suggestive tools of information to create insight and provide ideas about how to both create and sustain an environment that is inclusive and respectful of the diverse needs and desires of all HHS employees. *An organization is nothing without people.* HHS is charged with recognizing the value that every employee brings and optimally creating an environment that not only observes but also respects their differences and enhances the quality of work life for all its employees.

The Secretary's Diversity Conference was a first step toward moving HHS into the future. Through the AI process, it provided a forum for HHS employees to engage in open and positive dialogue around diversity. It also created an avenue for HHS leadership to hear perspectives from employees throughout the Department.

The next step is to develop the competency to effectively manage diversity. Managing diversity is a comprehensive managerial process for creating and developing innovative solutions that encourage the optimal utilization of each employee's abilities, thus creating a preferred future for HHS that leverages diversity as an organizational resource in attaining performance excellence and enhancing mission achievement.

To make the HHS preferred future a reality, action is required at the Department and OPDIV levels. Recommended actions that can be taken immediately by the Secretary and/or Deputy Secretary include:

- ?? Issue a post-conference statement on diversity that acknowledges and promotes the value of diversity as a positive approach to increasing productivity and improving the delivery of services and programs to the American people;
- ?? Ask the HHS Union-Management Partnership Council to provide active leadership for diversity as a part of the HHS Quality of Work Life Initiative and to encourage the use of Appreciative Inquiry as an effective approach for achieving the preferred future; and
- ?? Ask the HHS Diversity Steering Committee to continue its work for a 6-month period to provide assistance to the HHS UMPC, OPDIV Partnership Councils, and OPDIV Quality of Work Life Initiatives as they develop innovative strategies and plans to implement the recommendations in this report.

In addition to these immediate action steps, the following strategies ("best practices" already in use in some parts of HHS) are recommended to the OPDIVs for their consideration as they develop their plans for implementing the recommendations in this report:

- ?? Develop diversity goals as part of the OPDIV Quality of Work Life plans that identify specific short- and long-term goals and strategies for making diversity a source of performance excellence.
- ?? OPDIV senior leadership is responsible and accountable for diversity efforts, and leaders at all levels are encouraged to model their appreciation and support of diversity efforts by performing in the manner described in the HHS preferred future.
- ?? Develop and utilize inter-OPDIV career development programs using on-line HR resources available in some OPDIVs.

## MOVING INTO THE FUTURE (CONTINUED)

- ?? Issue OPDIV-specific Policy Directives on diversity and/or update existing policies to include diversity.
- ?? Publicize diversity accomplishments, for example, by hosting an annual diversity conference showcasing diversity accomplishments and awards.
- ?? Develop a policy which states that the ability to manage a diverse workforce must be an element in every job announcement and position description for supervisors and managers as those positions turn over.
- ?? Make diversity training, such as the web-based training being evaluated by several OPDIVs, available to all employees.
- ?? Appoint an Access Advocate for employees to ensure that the training and career development needs of each employee are adequately met.
- ?? Encourage employees to develop personal Individual Career Development plans that will help them acquire the competencies required for performance excellence.
- ?? Provide resource support (funds, automated systems, space, time, and access) for OPDIV diversity efforts consistent with the requirements set forth in the description of the HHS preferred future.
- ?? As part of each OPDIV's ongoing workforce planning effort, establish and/or enhance a mentoring program that ensures equitable access for each employee.
- ?? Establish and/or expand relationships and partnerships with a broad set of diverse professional, academic, and governmental organizations to assist in employee development and improve employee productivity.
- ?? Establish a workplace that is accessible to all employees.
- ?? Establish a comfortable and safe work environment. Safety and comfort include emotional and physical matters.
- ?? Support continuous and widespread employee development that is made up of competency- and productivity-based opportunities and ensure equitable access to training and career opportunities at all levels.
- ?? Ensure full and equitable access to promotion opportunities that provide recognition and appreciation for all employees throughout all grades, and throughout the country.

**APPENDIX A****DIVERSITY STEERING COMMITTEE MEMBERS**

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Cathy L. Royal, Ph.D., is a Systems and Organizational Development professional with specialties in diversity management, race and gender relations, Appreciative Inquiry, and organizational transformation. She is the owner and senior consultant of Royal Consulting Group (RCG), an organization and community development firm in Riverdale, Maryland. Dr. Royal designs and conducts training in each of these areas for corporations, foundations, government agencies and departments, educational institutions, and international agencies and donors. She has worked in the systems inequality, diversity, and social justice fields for more than 20 years.

Dr. Royal is a member, a trainer, and the Ken Benne Scholar of the NTL Institute for Applied Behavioral Science (NTL). She serves as an adjunct faculty member for the American University Master's Program in Organizational Development. Dr. Royal co-designed the first Appreciative Inquiry laboratory course for NTL. She is the dean and created the intensive 7-day residential NTL Diversity Facilitation Skills Training Workshop. She has been honored by governments and corporations for her work in systems inequity and creating equity in the work environment. In 1997 she worked with 53 representatives from 17 African nations exploring gender, empowerment, and Appreciative Inquiry in Malawi, Africa. Dr. Royal co-facilitated the first state-wide Appreciative Inquiry called "Imagine South Carolina." She was a principal on the five-member team that facilitated the United Nations/Mountain Institute Rio Earth Summit. In 1994 she was the international chairwoman for the first United States-Brasil Diaspora Women's Conference, "Sharing Our Common Roots." Dr. Royal conducts training in Africa, Europe, Latin America, and throughout the United States.

Dr. Royal is a contributing author of four books: *Transformational Social Change: Self as Change Agent*; *Visible Now: Blacks in Private Education*; *The Appreciative Inquiry Fieldbook*; and *NTL Training Handbook (1999)*. Her next publication, to be released in the winter of 2000, *The Fractal Initiative* (working title), is a work on structural inequality, Black identity, and self-esteem. Dr. Royal is a Fielding Institute Social Justice Award recipient and has been honored by members of the U.S. Congress for her work on gender and empowerment. Her passion is using Appreciative Inquiry to promote structural equality, organizational excellence, and diversity.

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Pankaj Ganguly  
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Joan Lee  
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Geri Cooperman  
Gail Fleming  
Jim Heslin  
Naomi Johnson

MaxThink is a computer software created by Neil Larson of Berkeley, California, that quickly organizes and sorts ideas. MaxThink sorts data by concepts to show relationships between ideas, people, and events. It helps users to quickly organize, understand, and easily represent the various ideas, practices, and behaviors of all participants in the AI process.

The information entered into MaxThink was generated from the stories gathered before and during the conference. MaxThink is helpful in sorting and categorizing this information and providing ideas for future initiatives. It quickly identifies related ideas and concepts. Having this sorted and analyzed data readily available for participants during the conference proved invaluable. MaxThink helped conference participants quickly see in a short turnaround time how their concerns and ideas correlated with those of other participants and respondents.

MaxThink allows data to be sorted through ideas and connections to other fields of information. It has the capacity to structure ideas, themes, and concepts to create new policies, practices, and behaviors.

MaxThink software generates information that helps leaders and innovators to organize multiple ideas and similar responses. With the help of the analysis created through MaxThink, it is possible to generate a conference report and recommendations that incorporate the ideas of participants, champions, leaders, and mentors. It assists the planners and decision makers within an organization to see the “big” picture of possibilities for recruitment, retention, and implementation of best practices from multiple viewpoints.

The HHS Diversity Steering Committee is grateful to the many people who contributed to the success of the Secretary's Diversity Conference and moving this Department-wide initiative forward.

Our gratitude is extended to:

Our keynote speakers: Secretary Donna Shalala, Deputy Secretary Kevin Thurm, Assistant Secretary for Health and Surgeon General, Dr. David Satcher, Assistant Secretary for Management and Budget, John Callahan, and Deputy Assistant Secretary for Human Resources, Evelyn White.

Our diversity champions, who shared their stories during the conference: Jeanette Takamura, Helene Gayle, Sue Swenson, George Gudger, Michael Brazzel, Guadalupe Pacheco, Yvonne Johns, Lavinia Limon, Edith Seashore, Donald Poppke, and Deidre Davis.

Our conference anchors, who facilitated the small-group sessions: Linda Adams, Karen Baker, Shannon Bell, Vergie Bletsch, Sue Bradfield, Jenise Brassell, Terry Brill, Michael Brown, Rona Buchbinder, Lena Clark, Toni Devericks, Helen Duran, Pam Fagelson, Janet Fong, Regina Hardy, Angela Hayes, Cheryl Jones Johnson, Naomi Johnson, Cheryl Kelly, Sandy Kolb, Phil Lenowitz, Jeanne Metz, Vanessa Starks, Marie Toledo, Carol Carter Walker, Patrick Wilson, Lillie Yellowhorse, and Marie Young.

Our story collectors and storytellers, who contributed their voice and experiences.

All our conference participants for their interest, insight, and enthusiasm and for engaging in group interactions and sharing positive experiences seeking out the "best of what is" through the Appreciative Inquiry process.

Margaret Montgomery who coordinated exhibits displayed during the conference from: Domestic Violence, OCSE-ACF; Child Care Bureau, ACF; Administration on Developmental Disabilities, ACF; National Clearinghouse on Families and Youth, ACF; Administration on Native Americans, ACF; Office of Community Services, ACF; Office of Family Assistance, ACF; Office of Refugee Resettlement, ACF; President's Committee on Mental Retardation, ACF; Office of Child Support Enforcement, ACF; Children's Bureau ACYF, ACF; Office of Minority Health, Indian Health Services, Blacks In Government (BIG); Health Resource Services Administration; The White House Initiative on Asian Americans and Pacific Islanders, HRSA; Substance Abuse and Mental Health Services Administration (SAMHSA); Food and Drug Administration; and Office of the Secretary.

The performers who provided entertainment for the diversity celebration event: Newcomers, members of the D.C. Youth Orchestra, Talia Trinity Hicks, the Harold Summey Jr. Trio, and Adekola Adedapo.

The students from the Bowie Montessori Children's House (MD) who contributed such creative and dynamic artwork to the conference illustrating what diversity means to them.

The PSC Reprographics Branch and Transportation staff members for their quality in-house duplicating and binding services provided in very short turnaround times: Kathleen Brown, Elbert Cooper, Dwight Jackson, Ollie Guinyard, Charles Weaver, Sharon Boice, Pauline Thomas, Douglas Franklin, Fred Sampson, and William Tinsley.

The PSC Printing Procurement Specialist Annell Haughton for her contributions to the conference.

The PSC Media Arts Branch Photographer Catherine Brown for services at the conference.

Toni Garrison and David Peabody, OS/ASPE Graphics Office, for providing additional quality design, layout, and typesetting services to the conference in very short turnaround times.

Vickie D. Lynch, Diane Small, and the CDC Atlanta Graphics/Printing Staff for providing in-house services for expert quality logo design, banner printing, and poster printing/mounting services.

The members of the OS/ASMB Office of Facilities Services for their logistics contributions to the conference: Jean Allen, Linda Washington, Carolyn Hewins, Shirley Ross, Sylvia Sidbury, William McCreary, Tom Trudeau, Bobby Cooper, James Hawkins, and Andre Bundy.

The OS/ASP Audio-Visual staff members Richard Wray, Keith Boyle, and photographer Chris Smith for their contributions to the conference.

The volunteers who coordinated and staffed the Wall of Wishes: Linda Adams, CDC; Toni Devericks, CDC; Marie Young, CDC; Erika Thomas, OS; Karen Baker, NIH; and Cheryl Jones Johnson, ACF. The wall was created by Lisa Teems, OS, and Yvonne Harding, volunteer.

The Skentis Family for the catered food services each day of the conference.

The staff of the Royal Consulting Group, who made sure that MaxThink data were accurate and timely and for all their hard work: Madelyn Blair, Sonia Bisaccia, Marjorie Dambreville, Carolyn Giddins, Sue Hammond, Claudette Harper, Dr. Pauline Hicks. In addition, a special thanks to the international volunteers from Alberta, Canada: Bruce Halliday and Rosalia (Lia) Bosch.

The supervisors of all the DSC members who supported their staff members' efforts and provided them the time and resources to be full contributors to this effort.

The entire staff of the OS/Organization and Employee Development Group for their hard work in support of the conference and this initiative: Audrey Goldstein, Sandy Kolb, Kerry Joels, Naomi Johnson, Ruth Salinger, Lisa Teems, and Mike Bartlinski.

The non-DSC volunteers who devoted their full-time efforts to the conference for several weeks: Anita Ford, Ruby Ingram, and Erika Thomas. The HHS UMPC members, who initiated and continue to support the Diversity Initiative and who provided guidance and resources to the DSC and the conference.

**DIVERSITY**

- ?? Bucher, Richard. *Diversity Consciousness: Opening Our Minds to People, Cultures, and Opportunities*. Prentice Hall, 1999.
- ?? Gardenswartz, Lee, and Anita Rowe. *Managing Diversity in Health Care*. 1st ed. San Francisco: Jossey-Bass, 1998.
- ?? Gardenswartz, Lee, and Anita Rowe. *Managing Diversity: A Complete Desk Reference and Planning Guide*. 2d ed. McGraw-Hill, 1998.
- ?? Loden, Marilyn. *Implementing Diversity: Best Practices for Making Diversity Work in Your Organization*. Irwin Professional Publishers, 1995.
- ?? Thomas, R. Roosevelt. *Beyond Race and Gender: Unleashing the Power of Your Total Work Force by Managing Diversity*. AMACOM, 1992.
- ?? Thomas, R. Roosevelt. *Building a House for Diversity*. AMACOM, 2000.

**APPRECIATIVE INQUIRY**

- ?? Barrett, Frank J. "Creating Appreciative Learning Cultures," *Organizational Dynamics* 24, no. 21 (autumn 1995): 36.
- ?? Cooperrider, David. "Getting Started," In Hammond, Sue Annis, and Cathy Royal, *Lessons from the Field: Applying Appreciative Inquiry*. Thin Book, 1998.
- ?? Cooperrider, David. "Positive Image, Positive Action," In Hammond, Sue Annis, and Cathy Royal, *Lessons from the Field: Applying Appreciative Inquiry*. Thin Book, 1998.
- ?? Hammond, Sue Annis. *The Thin Book*. 2d ed. Thin Book, 1998.
- ?? Elliot, Charles. *Locating the Energy for Change: An Introduction to Appreciative Inquiry*. International Institute of Sustainable Development, 1999.

**TRAINING MANUALS**

- ?? American Medical Association. *Cultural Competence Compendium*. AMA, 2000.
- ?? Anand, Rohini, Ph.D. *Cultural Competency in Healthcare: A Guide for Trainers*. 2d ed. 1999.
- ?? Dickerson-Jones, Terri. *50 Activities for Managing Cultural Diversity*. HRD Press, 1993.
- ?? Loden, Marilyn. *Implementing Diversity: Best Practices for Making Diversity Work in Your Organization*. Irwin Professional Publishers, 2000.

<b>ANCHOR</b>	Volunteer facilitator trained in Appreciative Inquiry principles and philosophy, who agreed to lead small-group discussions during the conference.
<b>APPRECIATIVE INQUIRY</b>	A process that actively engages people in discovery by recognizing the best in people or the world around us.
<b>CHAMPION</b>	A supporter of diversity inside or outside HHS who volunteered to present his or her professional experience and lead small-group discussions during the conference.
<b>DIVERSITY</b>	The composition and richness that result from a variety of genders, races, cultures, disabilities, ages, languages, sexual orientations, ethnic groups, and religious backgrounds.
<b>MENTORING</b>	The process of providing mentorships to guide and counsel employees in learning new skills and meaningful work experiences.
<b>PROGRAM(S)</b>	An organized list of procedures. A list of order of events and other relevant facts for a government (agency or organization) initiative.
<b>SPECIAL INITIATIVES</b>	Programs designed to expand opportunities for specific groups, which are usually mandated by Presidential Executive Orders, Congress, or a department or agency.
<b>STORY COLLECTOR</b>	Volunteer HHS staff member who attended Appreciative Inquiry training to develop story collection skills and then met with the storytellers to gather, record, and submit stories prior to and after the conference.
<b>STORYTELLER</b>	Volunteer staff member willing to share positive work-related stories about when diversity at HHS was at its best.
<b>THEME</b>	A behavior or characteristic of diversity and inclusion that emerges as an idea or a concept from a volunteer's story.